Nova Scotia Provincial Health Council

Annual Report

FOR THE FISCAL YEAR ENDING MARCH 31, 2000

Provincial Health Council

Prepared by

Provincial Health Council

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To Her Honour
The Honourable Myra A. Freeman
Lieutenant-Governor of Nova Scotia

Madam:

I have the honour to submit the annual report of the Provincial Health Council for the year ending March 31, 2000.

Respectfully submitted,

Jamie Muir
Minister of Health

The Honourable Jamie Muir
Minister of Health
Province of Nova Scotia

Sir:

On behalf of the Provincial Health Council, I have the honour to present you with the fourth annual report of the Provincial Health Council.

This report is for the period of November 1, 1998, to March 31, 2000, and is submitted as required in Section 13(1) of the Health Council Act, 1990.

Respectfully submitted,

Barbara Hart
Chairperson

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Message from the Chair

Dear Reader:

The Provincial Health Council of Nova Scotia was re-established in September of 1998 and comprises 12 volunteer appointees and two staff members. Since this council is the third in Nova Scotia's history, the work of the previous councils has been an invaluable resource in providing a solid foundation from which we could set our goals and strategic direction.

From the time of its inception, this council established reciprocal communications with Nova Scotians about health and the health system. We have developed a balanced and informed view of the health system that has enabled us to provide timely advice and leadership to government and to Nova Scotians.

As a council, we have developed documents dealing with the rights of persons to health care within Nova Scotia, made a series of recommendations with regard to mental health, submitted recommendations regarding a call centre for the province, and worked with the government to reaffirm the Nova Scotia Health Goals.

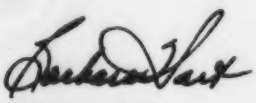
Works of note over the past year were the results of the 32 public visits council members and staff made throughout the province with the primary purpose of identifying a list of core clinical services to be provided at the community, district, and provincial levels. The document produced is being well regarded by the Department of Health as they move through their transitional planning process.

Secondly, but equally as important, were the concerns about health that Nova Scotians shared with us. These concerns have been presented to government in a document entitled *Health for Nova Scotians*. It is our sincere hope that the document will encourage the Department of Health to develop a health care system that is based on the determinants of health, the Health Goals of Nova Scotia, and the vision of a health care system as described by Nova Scotians.

This seems an opportune time to thank all who participated in the planning of the public consultations, those who came to the sessions to give their views, and those who worked to develop the final report. Working relationships with community health boards, regional staff, the Department of Health, and non-governmental organizations were particularly satisfying.

It is the council's mandate in the upcoming months to continue reciprocal communications with the people of Nova Scotia and to encourage meaningful working relationships as we move to develop an evaluative process intended to assess health care in Nova Scotia.

Sincerely,



Barbara Hart
Chairperson

Message from the Executive Director

Dear Reader:

After a hiatus of six years, we are pleased to present this, the fourth Annual Report of the Provincial Health Council.

The Provincial Health Council, the only one remaining in Canada, is an organization, at arm's length from government, whose mandate is to advise the government on matters relating to the health status of Nova Scotians and the functioning of the health care system.

The council comprises volunteers from among you, the citizens of Nova Scotia. These volunteers bring to the council diverse backgrounds and professional interests, but bring one thing in common. They are intensely interested in the health of Nova Scotians and the functioning of the health care system on behalf of Nova Scotians.

The council has committed itself to examine, discuss, and make recommendations about health and health status within two contexts. The Health Goals of Nova Scotia were developed by the Provincial Health Council following a consultation with you in 1992 and provide the overall framework for discussion of the health status of Nova Scotians and the system. The Broad Determinants of Health are recognized as factors that contribute to our individual and collective health. The council also uses these determinants to examine issues such as poverty, literacy, transportation, and social support networks that also affect the health of Nova Scotians. The efforts of the council on your behalf over its first 18 months are documented in this report.

Sincerely,

John R. Dow

John R. Dow
Executive Director

About the Provincial Health Council

Role and Mandate

The Provincial Health Council listens and responds to Nova Scotians.

We support the public's participation in health matters by providing them with information and opportunities.

We guide and monitor government decision making on all aspects of healthy public policy.

We promote the use of Nova Scotia's Health Goals as an essential tool to achieve health and well-being for Nova Scotians and their communities.

Government Mandates

Prior to its election in July 1999, the Progressive Conservative Party included the following items in its platform commitments:

1. Within the council establish a Health Care Advocate to ensure that cost-effective interventions are identified and provided to Nova Scotians with exceptional medical needs.
2. Mandate the council to hold province-wide public consultations to develop a list of core clinical services that must be provided at the community, regional and provincial levels, and to develop a Patient's Bill of Rights, for approval by government.
3. Mandate the council to review and make recommendations on standards for the delivery of services and to report its findings publicly.

Following the election, these mandates were given to the Provincial Health Council.

Structure

Appointed Council Members: The council comprises 12 volunteers from across the province who are appointed by the government. These volunteers serve as individuals representing Nova Scotians and do not represent any professional, organizational, political, or special interest group. There is no honorarium for service on the council.

To date, 12 people, 9 women and 3 men, have been appointed to the council. Four members were from the Halifax Regional Municipality, 2 from the Annapolis Valley, 2 from the South Shore, 2 from Cape Breton and 2 from northern Nova Scotia. Seven members have been employed in health related fields. Ten of the original 12 members continue to serve, and 4 members were reappointed for a second term.

Ex Officio Council Members: The council also has three ex officio members — the Deputy Minister of Health, the Chief of Executive Services of the Department of Health and the Executive Director of the council. Between 1998 and 2000 three deputy ministers have served, ex officio, as members of council.

From October 1997 to March 2000, the council met in Halifax at least once a month. Appendix C lists the council meetings.

Committees: During the past 18 months, council established several committees: Communications, Mental Health, Planning and Priorities, Staffing, Call Centres, Core Clinical Services, Patient's Rights, and Information Technology. Meeting dates are listed in Appendix C. Some committees are permanent while others, such as the Patient's Rights Committee, have been dissolved after they have completed specific tasks.

Staff: Council support staff includes an Executive Director and a Secretary/Office Manager, and the council is in the process of hiring a researcher.

Budget

The council had an operating budget of $329,000 for 1999–2000. See Appendix A for a financial statement.

Appointment Process

The Province of Nova Scotia instituted a new appointment process for all government agencies, boards, and commissions in 1999. This process is used to fill Provincial Health Council vacancies as they occur. The process is outlined below.

Step 1 Public call for nominations

An advertisement listing all the openings on agencies, boards and commissions for the next six months appears in the provincial papers in April and October of each year. As one-third of the Provincial Health Council terms expire the 30th of September each year, the main advertisement for members will appear in April of each year.

Step 2 Applications are accepted by the Executive Council Office

Each advertisement lists a closing date for the application process.
Applications must be sent to the

Executive Council Office
One Government Place, 6th Floor
1700 Granville Street
PO Box 2125
Halifax, NS B3J 3B7

Step 3 Applications are forwarded to an external screening panel

Each government department has an external screening panel to review all applications for all agencies, boards, and commissions that are attached to that government department. This screening panel reviews all applications to determine which candidates are qualified to sit on the agency, board, or commission for which they have applied.

Step 4 Applications from qualified candidates are forwarded to the office of the Minister

Biographies — Current Members

as of March 31, 2000

Barbara Hart, Chair

Barbara was a nurse with the Grace Maternity Hospital and a home nursing instructor with St. John Ambulance before becoming Executive Director of Planned Parenthood for the Metro area. Barbara served as Deputy Mayor of Dartmouth, and later became President of the Union of Nova Scotia Municipalities. She has won several awards and a medal from the Governor General for community service.

Tom Bird, Vice-Chair

A former Mayor of Bridgewater, Tom's career includes 29 years as school administrator in Kings County and Lunenburg County, Nova Scotia, and Schefferville, Quebec. He served as president for the Nova Scotia Administrators' Association, Phi Delta Kappa Acadia University Chapter, and Queens-Lunenburg School Administrators. Tom served as chairman for the Bridgewater Board of Health, Police Commission, and Lunenburg County Planning Commission.

Leona Brown

Leona was Chief Technologist and Manager of the EKG Department and Second Phase of the School of Medical Technology at Yarmouth Hospital. She is a volunteer co-ordinator with the Western Regional Health Board and is a member of the Yarmouth County Community Health Board, the Heart Health Partnership Project, the Senior Citizens Secretariat, the Volunteer Steering Committee, and the Nova Scotia Women's Institute.

Beverley Coulson

Beverley's career includes nursing education and administration of acute and chronic care institutions in Ontario. She later worked in public and mental health in Newfoundland and Labrador. Beverley is a member of the Honour Society of the Dalhousie University School of Nursing, Canadian Pensioners Concerned Nova Scotia, and the Eastern Shore–Musquodoboit Community Health Board, and she serves as a volunteer for the Twin Oaks/Birches Continuing Care Centre.

Vivian Farrell

A former junior/senior high teacher, Vivian has also been a member and President of the Childrens' Aid Society of Pictou County and a member of the former Nova Scotia Residential Centre Advisory Board in Truro. She served as chair of the Pictou District School Board and as vice-chair of the Chignecto–Central Regional School Board. Vivian also completed a three-year term as a lay member of the Nova Scotia Barrister's Society.

Joan Lay

Joan has worked as a registered nurse for hospitals in Ontario and Nova Scotia, and for the Nova Scotia Department of Social Services and was Administrator for Roseway Manor, Home for the Aged. She has participated in several organizations, including the Atlantic Education Advisory Committee of the Canadian College of Health Care Executives, the Canadian Council on Health Facilities Accreditation, and the Gerontology Association of Nova Scotia.

Merle MacDonald

Merle's career includes curriculum consultant for the Nova Scotia Department of Education and Culture and many years as elementary and secondary teacher. She implemented the compulsory Career and Life Management (CALM) course in collaboration with many organizations. Merle is a part-time faculty member at Acadia University and Mount Saint Vincent University. She is President of the Nova Scotia Home Economics Association and Provincial Director of the Canadian Home Economics Association.

Dr. Mahmood Naqvi

Dr. Naqvi has 30 years' experience in health care, which includes surgical practice and hospital administration. He was founder and co-chair of the Cape Breton Regional Hospital Foundation that led to the establishment of the Cape Breton Regional Hospital. Upon his retirement, Dr. Naqvi became Medical Director of the Cape Breton Healthcare Complex. He has an array of professional and individual credentials, licences, and awards and has been honoured by the Medical Society of Nova Scotia and the Government of Nova Scotia.

Sharon (Paul) Rudderham

Sharon is a Mi'kmaw from the First Nation community of Membertou, located in Sydney. She is currently a Mi'kmaw health advisor and Director with the Union of Nova Scotia Indians and provides advice on policy and health matters to Nova Scotia Mi'kmaw leadership and communities. Sharon is also the Co-Chair of Healing Our Nation — The Atlantic First Nations AIDS Network. She co-authored the *Nova Scotia Mi'kmaw Health Survey, 1997 Final Report and Preliminary Findings*. She also serves on several community, provincial, and regional health boards, and nationally with the Assembly of First Nations — Health Secretariat. Sharon has worked as an office/finance manager with Micmac News and as a pharmacy technician.

Douglas Shatford, B. Com., L.L.B., Q.C.

Douglas was a staff lawyer with Nova Scotia Legal Aid in Amherst before joining the firm Milner Shatford and Creighton as partner. In 1995, he was awarded Queens Counsel. Douglas has experience in matters related to health law as legal council for several hospitals and hospital foundations in Cumberland County, and he represents the Nova Scotia Board of Chiropractors. He also served as the Canadian Bar Association Section Chairperson — Health Law.

Biographies — Exofficio Members

Dr. Thomas Ward, Deputy Minister of Health

Dr. Ward joined the Department of Paediatrics at the University of Saskatchewan before moving to the University of Alberta, where he practised neonatology and paediatric intensive care. He served as Vice President of Medicine with St. Paul's Hospital in Vancouver, and he was the Acting President and CEO of St. Paul's Hospital and Vancouver Catholic Health Care Group.

Bill McKee, Chief of Executive Services Department of Health

A career civil servant of 28 years, Bill has worked in a number of Nova Scotia government departments, always with an emphasis on financial administration, human resource planning, and information management. He obtained an undergraduate degree from Dalhousie University and is currently in his final year of Dalhousie's Masters of Public Administration, Management Program.

Biographies — Past Members

Janet Conners

Janet has worked for Lands and Forests in British Columbia and was a lab assistant and administrative assistant at the Victoria General Hospital in Halifax. She has been involved with the Nova Scotia Persons with AIDS Coalition and the Nova Scotia Women and AIDS Project. Janet represented secondarily infected spouses and children with HIV during the Krever Inquiry into Canada's blood system.

Dr. Daurene Lewis

Dr. Lewis is Executive Director of the Centre for Women in Business at Mount Saint Vincent University. She was Supervisor of Assessments, Acting Assistant Provincial Co-ordinator, Regional Co-ordinator, and Social Assessor with Home Care programs throughout the province. Dr. Lewis served as Mayor and Deputy Mayor of Annapolis Royal, and she has been involved with many organizations.Dr. Lewis has received many awards, including the Global Citizens Award from the United Nations 50th Anniversary Canada Committee.

New Members

Mr. John Hussey of Glace Bay was appointed to fill the remainder of the term of Dr. Daurene Lewis from November 1999 to September 2001. Mr. Hussey will begin his duties with the council on April 1, 2000.

Ms. Catherine Randall of Halifax was appointed to fill the remainder of the term of Ms. Janet Connors from February 2000 to September 2000. Ms. Randall will begin her duties with the council on April 1, 2000.

Biographies — Staff

John Dow, Executive Director

John was appointed to the Provincial Health Council by Order-in Council in May 1999. John began his career at Western Kings Memorial Hospital in Berwick as Supervisor. He later worked as Inservice Co-ordinator, Infection Control Officer, Administrator, Transition Co-ordinator, and Building Manager. John co-authored economics course material for an introductory health economics course at Dalhousie University and is a part-time lecturer in Dalhousie's School of Health Services Administration.

Louann Scallion Morine

Louann became the Secretary/Office Manager of the Provincial Health Council in August 1999. After completing Bachelor of Arts and Bachelor of Journalism degrees, Louann joined IMP Aerospace International in Halifax as a technical editor. She later worked for Valley Regional Hospital in Kentville and at the Nova Scotia Youth Centre in Waterville. She has volunteered with The Red Door adolescent centre in Kentville, Big Brothers/Big Sisters, and the Dartmouth SPCA.

Provincial Health Council Activities

Health Goals

11 December 1998

The Provincial Health Council reaffirmed the Nova Scotia Health Goals established by the previous council in 1992.

3 November 1999

The Health Goals were re-signed by The Honourable John F. Hamm, Premier of Nova Scotia; The Honourable Jamie Muir, Minister of Health; and Ms. Barbara Hart, Chair of the Provincial Health Council. The newly signed goals were presented to the Legislative Assembly.

Ms. Barb Hart, Premier John Hamm, and Minister Jamie Muir.

Strategic Planning

During initial meetings the council was occupied with trying to determine how to fill its roles and responsibilities as outlined in the legislation. Early discussions included issues such as ethics in health care, health technology assessment, access to health care services, the role of the nurse practitioner, and an examination of the progress towards achieving Nova Scotia's Health Goals.

The council has engaged in two strategic planning exercises. In January 1999, a mission statement, vision statement, and several goals were developed. (See Appendix G.) The first strategic planning session was directed toward the development of operating principles and priority setting for the council itself.

In May 1999, the council held a second planning session to develop a three-year plan outlining strategic directions in the areas of human resources, healthy public policy, Community Health Boards, health education, and a seamless continuum of services. (See Appendix H.) The second planning session focused on the health care system and the council's role in evaluating the system and acting as an advocate for the people of Nova Scotia.

Children and Adolescent Mental Health Services

Issues surrounding the provision of childhood and adolescent mental health services were identified as a priority in the fall of 1998. A Mental Health Committee under the leadership of Dr. Mahmood Naqvi was struck in November 1998. Committee members include Sharon Rudderham, Leona Brown, Merle MacDonald, and, ex officio, Barb Hart and John Dow. This committee has met on a regular basis, and several documents have been prepared and submitted to government as advice.

The documents include:

- *Report Regarding Children and Adolescent Mental Health Services*, March 1999
- *Submission to the Mental Health Review Committee*, February 2000
- *Presentation to the Mental Health Review Committee*, March 2000
- Proposed Framework for a Mental Health Commission, to be submitted April 2000.

The *Report Regarding Children and Adolescent Mental Health Services* addressed issues such as child poverty, youth as victims of violence, education, child abuse, substance abuse, emotional well-being, and youth and the law. Recommendations covered areas such as organization of services, prevention and health promotion, the need for collaboration within all government departments, accessibility of service, evaluation of programs, and funding. The document also contained solid support for the government's acceptance of the document *A New Step Forward* and its implementation.

The remaining documents contain material and recommendations made to the Mental Health Review Committee. A series of comprehensive recommendations address issues such as intersectoral co-operation, jurisdiction for delivery of service, access, leadership structures, the range of services necessary, human resources, consumer participation in decision making, and standard setting and evaluation.

This committee has also studied issues such physician resources in Nova Scotia especially as related to mental health services, drug dependency, closure of in-patient adolescent mental health beds, and relocation of mental health services.

Health Call Centres

The council was asked to look at the issue of health call centres in Nova Scotia. A committee was struck with Tom Bird as Chairman, and members Vivian Farrell, Barb Hart (ex officio), and John Dow (ex officio). Letters were received from several interest groups, and information was collected from the Department of Health Emergency Services; the call centre in New Brunswick; and other jurisdictions in both Canada and the United States.

A report was submitted to the government in August 1999 recommending against the establishment of a health call centre at this time.

Provincial Government Mandates

Health Advocate

Following consultation with the Premier (Hon. John F. Hamm), the Minister of Health (Hon. Jamie Muir), and the Deputy Ministers of Health (Dr. Nuala Kenny and Dr. Tom Ward), it was decided that this mandate as written was not appropriate for the Provincial Health Council to assume. The role of the council is legislated to be advisory in nature. This mandate requires the delivery of service to a portion of the health care system.

Core Clinical Services

A steering committee was struck in September 1999 to begin to develop the list of core clinical services. Membership included Tom Bird in the chair, Merle MacDonald, Barb Hart, and John Dow (ex officio), Menna MacIsaac from the Department of Health, and Naomi Mensink.

An Advisory Committee was called together in November to help the council plan the process of public consultation. This committee comprised:

- 4 representatives from the Regional Health Boards
- 4 representatives from the non-designated organizations
- 8 representatives from the Community Health Boards
- 8 representatives from the Department of Health
- 10 representatives from the Departments of Education, Community Services Justice, Environment, and Sport and Recreation Nova Scotia
- 1 representative from the Medical Society of Nova Scotia
- 1 representative from the Registered Nurses Association of Nova Scotia

A public consultation process was designed to include community meetings, workbooks, a website and a 1-800 number to help the citizens of Nova Scotia provide council with information related to clinical health services.

Workbooks were prepared for circulation through the province to obtain public input as to which services people expected to have available at each of the three levels: in the community (primary services), in the region (secondary services), and in the province (tertiary services). Eleven thousand workbooks were printed (1,000 in French) and circulated throughout the province. Copies of the workbook could be downloaded from the council website, and a modified version was available on the 1-800 number so individuals could call in and record their answers to the questions.

Public meetings were held throughout the province. From an initial plan for 18, one in each county, the number of meetings grew to 32 and included three visits to First Nations communities in the province.

A preliminary report, *Essential Health Services: Report to the Minister of Health Containing a List of Core Clinical Services Nova Scotians Consider Essential to their Health,* was produced and submitted to government on 17 March 2000. Members of the council met with the Department of Health's Clinical Footprint Committee to review the recommendations contained in the preliminary report.

A second meeting of the Advisory Committee is being planned for June and a second report, *Health for Nova Scotians: The results of a public consultation process,* outlining other issues in health care in Nova Scotia, is planned for submission in June 2000.

Standards of Care Delivery

The council discussed this platform item several times with both the Minister of Health and the Deputy Minister. In view of both the department's legislated responsibility for standards and the changes occurring in the health care system as a result of the creation of District Health Authorities, the council and the Department of Health agreed that addressing this mandate should be postponed until after the restructuring has taken place.

Patients' Bill of Rights

A Patient's Rights Committee was struck in September 1999 with Dr. Daurene Lewis in the chair. Beverley Coulson represented the council, with Barb Hart and John Dow serving ex officio. This committee required input from a broader base than just the council membership and was expanded to include Brenda Allen, VON/PEP Kentville; Wayne Cochrane, Public Utilities Review Board; Marlene MacLellan, Centre on Ageing, Mount Saint Vincent University; and Dr. John Hubert, Department of Philosophy, Dalhousie University. Following the resignation of Dr. Lewis from council, Beverley Coulson chaired the committee.

The committee met seven times during the fall of 1999 and the spring of 2000. All acute care and continuing care facilities in Nova Scotia were canvassed to provide the committee with any existing patient rights and responsibilities documents. Additional information was sought from other provinces and countries, and legal opinion was obtained related to patient's rights documents and their impact.

The council provided the Premier and the Minister of Health with advice related to rights documents, and, in consultation with the Premier and the Minister, the council decided to create a document entitled "Expectations for Health and Health Care in Nova Scotia." The document will outline the things that Nova Scotians can reasonably expect from their health care system.

The document was drafted and revised is expected to be completed and submitted to government late in April 2000.

Appendix A: Financial Statement

	Budget 1999–2000	Year-End 31 Mar 2000	Difference (Deficit)
Salaries and Wages	**$147,800.00**	**$142,160.75**	**$5,639.25**
Staff	$121,200.00	$106,547.46	$14,652.54
Travel in Province	$3,500.00	$1,504.02	$1,995.98
Travel out of Province	$0.00	$709.50	$(709.50)
Consulting Services (see note 1)	$18,500.00	$33,169.92	$(14,669.92)
Professional Services	$2,100.00	$0.00	$2,100.00
Staff Development	$2,500.00	$229.85	$2,270.15
Council Expenses	**$79,800.00**	**$49,797.90**	**$30,002.10**
Council Travel	$62,000.00	$37,297.44	$24,702.56
Meeting Expenses	$12,000.00	$11,555.61	$444.39
Council Development	$4,600.00	$504.85	$4,095.15
Parking Space	$1,200.00	$440.00	$760.00
Office Expenses	**$83,400.00**	**$52,920.48**	**$30,479.52**
General	$3,000.00	$1,449.63	$1,550.3
Printing & Stationary	$35,000.00	$23,991.34	$11,008.66
Postage/Mailbox	$8,000.00	$2,135.58	$5,864.42
Freight/Duty/Express	$1,500.00	$827.14	$672.86
Advertising (see note 2)	$10,000.00	$12,450.65	$(2,450.65)
Taxi & Messengers	$1,000.00	$33.58	$966.42
Photocopier Rentals	$11,400.00	$2,908.20	$8,491.80
Equipment Purchases	$9,000.00	$8,283.48	$716.52
Subscriptions/Books	$2,000.00	$820.88	$1,179.12
Membership Dues	$1,000.00	$0.00	$1,000.00
Miscellaneous	$1,500.00	$20.00	$1,480.00
Communication	**$18,000.00**	**$11,916.79**	**$6,083.21**
Telephone	$12,000.00	$2,584.12	$9,415.88
Internet		$250.00	$(250.00)
IT Hardware	$5,000.00	$4,367.20	$632.80
IT Software (see note 3)	$1,000.00	$4,715.47	$(3,715.47)
Grand Total	**$329,000.00**	**$256,795.92**	**$72,204.08**

Explanatory Notes

Note 1: Consulting Fees are higher than estimated and budgeted as a result of two factors. The core services project required the presence of a researcher to assist with the development of a public consultation process. The vast amount of information received required analysis. This task was tendered to a research consulting firm. Again, the money allocated for a researcher on staff was used for this purpose. The council does not yet have a researcher on staff, so money budgeted for this position was used for consultation fees.

Note 2: The advertising budget was exceeded as a result of publicizing the public consultation meetings held across the province during January and February 2000.

Note 3: The IT software budget was exceeded in order to purchase research software in anticipation of and in consultation with the researcher expected to join the staff in April 2000.

Appendix B: Health Council Act

An Act to Establish a Provincial Health Council

Short title

1 This Act may be cited as the Health Council Act. 1990, c. 13, s. 1.

Interpretation

2 In this Act,

(a) "Council" means the Provincial Health Council;

(b) "Minister" means the Minister of Health and Fitness. 1990, c. 13, s. 2.

Provincial Health Council

3 The Provincial Health Council is hereby established. 1990, c. 13, s. 3.

Members of Council

4 (1) The Council consists of

(a) twelve members appointed by the Governor in Council through a public appointment process from a list of names of persons nominated by the general public as a result of a call by the Governor in Council for nominations from the general public;

(b) the Deputy Minister of Health and Fitness;

(c) the Administrator of Policy and Planning in the Department of Health and Fitness; and

(d) the Executive Director of the Council.

Right to vote

(2) A person who is a member of the Council by reason of holding an office referred to in clause (b), (c) or (d) of subsection (1) may not vote in the deliberations of the Council.

Term of member

(3) Each member appointed to the Council pursuant to clause (a) of subsection (1) shall be appointed for a term of three years except that of the first members appointed to the Council, four shall be appointed for a term of three years, four shall be appointed for a term of two years and four shall be appointed for a term of one year.

Re-appointment

(4) A person appointed pursuant to subsection (3) may be re-appointed but no person may be appointed for more than two consecutive three-year terms.

Quorum

(5) A majority of the voting members of the Council constitutes a quorum.

Unexpired portion of term

(6) Where a person appointed pursuant to clause (a) of subsection (1) ceases to be a member of the Council for any reason other than the expiration of that persons term of office, the Governor in Council may appoint a person for the unexpired portion of the term.

Vacancy

(7) A vacancy in the membership of the Council does not impair the ability of the remaining members to act.

Expenses

(8) Each member of the Council shall be reimbursed for reasonable expenses necessarily incurred by the member in connection with the work of the Council. 1990, c. 13, s. 4.

Duties of Council

5 The duties of the Council are to advise the Governor in Council, through the Minister, in the development of a comprehensive health policy, comprising health goals and objectives and in setting the overall direction of the health care system in the Province. 1990, c. 13, s. 5.

Manner of performing duties

6 In carrying out its duties, the Council shall

(a) invite community organizations, health care providers, consumers and individual members of the general public to provide advice on health issues under review by the Council through methods including public symposia, hearings and distribution of briefs and discussion papers;

(b) provide to the Governor in Council a balanced and informed view of the health care system;

(c) review particular issues referred to the Council by the Governor in Council, through the Minister, and advise the Governor in Council on those issues;

(d) increase public awareness and knowledge of health issues, including population health status, the cost of the health care system and personal responsibility to improve health;

(e) enhance the awareness of Government of emerging health issues from the public viewpoint. 1990, c. 13, s. 6.

Chair

7 The Governor in Council shall appoint for such term as the Governor in Council determines a member of the Council appointed pursuant to clause (a) of subsection (1) of Section 4 to chair meetings of the Council, so long as that person is a member of the Council. 1990, c. 13, s. 7.

Committees of Council

8 (1) The Council may establish committees to examine specific health issues, including health goals, ethics and health technology.

Appointment to committees

(2) The Council may appoint persons who are not members of the Council to a committee and a member of the Council shall preside over meetings of the committee.

Expenses

(3) Members of a committee shall be reimbursed for reasonable expenses necessarily incurred by them in connection with the work of the Committee. 1990, c. 13, s. 8.

Executive Director

9 The Governor in Council may, after consultation with the Council, appoint an Executive Director for the Council upon such terms and conditions, including remuneration, as is determined by the Governor in Council. 1990, c. 13, s. 9.

Personnel

10 (1) Such persons as are required for the administration of this Act shall be appointed by the Council in accordance with the Civil Service Act.

Experts

(2) Notwithstanding subsection (1), the Council may, with the approval of the Minister, engage, upon such terms and conditions, including remuneration, as the Council deems fit, the services of such professional persons, technical persons and experts to advise the Council or a committee of the Council. 1990, c. 13, s. 10.

Employees of Department of Health and Fitness

11 In carrying out its duties the Council shall, in consultation with the Deputy Minister of Health and Fitness, engage the services of employees of the Department of Health and Fitness. 1990, c. 13, s. 11.

Funds

12 Funds required by the Council to carry out its duties shall be from money appropriated for that purpose by the Legislature. 1990, c. 13, s. 12.

Annual report

13 (1) The Council shall report to the Governor in Council from time to time through and upon the request of the Minister and shall make an annual report on the activities of the Council.

Tabling of annual report

(2) The Minister shall table the annual report of the Council in the Assembly, if the Assembly is then sitting, and if the Assembly is not sitting, within fifteen days of its next sitting. 1990, c. 13, s. 13.

Repeal

14 Chapter 196 of the Revised Statutes, 1989, the Health Councils Act, is repealed. 1990, c. 13, s. 14.

Proclamation

15 This Act comes into force on and not before such day as the Governor in Council orders and declares by proclamation. 1990, c. 13, s. 15.

Appendix C: Meetings

Council Meetings

November 12, 1998
December 11, 1998

1999
January 22, 1999
February 4, 1999
March 11, 1999
April 22, 1999
May 13, 1999
June 24, 25, 26, 1999
September 9, 1999
October 7, 1999
November 4, 1999
December 2, 1999

2000
January 6, 2000
February 4, 2000
March 16, 2000

IT Committee

December 1, 1999

2000
January 6, 2000

Planning and Priorities Committee

June 16, 1999
August 30, 1999

Communications Committee

April 14, 1999
August 20, 1999
October 28, 1999

Core Services Committee

September 13, 27, 1999
October 4, 12, 18, 25, 1999
November 1, 8, 22, 1999
December 3, 9, 20, 1999

2000
January 5, 2000

Mental Health Committee

May 13, 21, 1999
September 17, 1999
October 4, 1999

2000
February 2, 2000
March 15, 2000

Patients' Rights Committee

September 3, 1999
October 21, 1999
November 10, 1999

2000
January 4, 28, 2000
February 18, 2000
March 2, 15, 2000

Public Meetings

January 10, 2000	Liverpool Regional High School, Liverpool
January 12, 2000	Fire Hall, Shelburne
January 13, 2000	Yarmouth Regional Hospital, Yarmouth
January 20, 2000	Weymouth Legion, Weymouth
January 26, 2000	Bridgetown High School, Bridgetown
January 26, 2000	Hants Community Hospital, Windsor
January 27, 2000	Kingstec Community College, Kentville
January 27, 2000	Fire Hall, Upper Nine Mile River
January 31, 2000	St. Peter's School, Dartmouth
January 31, 2000	Nova Scotia Community College, Bridgewater
February 1, 2000	Dartmouth North Community Centre, Dartmouth
February 4, 2000	St. Pat's High School, Halifax
February 4, 2000	Village Hall, Bible Hill
February 7, 2000	E. B. Chandler Jr. High, Amherst
February 10, 2000	The Birches, Musquodoboit
February 10, 2000	Sackville Heights Jr. High, Sackville
February 14, 2000	St. Andrew's Jr. School, Antigonish
February 15, 2000	J. L. Illsley High School, Spryfield
February 15, 2000	Louisbourg Fire Hall, Louisbourg
February 16, 2000	North Sydney Fireman's Club, North Sydney
February 17, 2000	Guysborough Fire Hall, Guysborough
February 17, 2000	Hector Centre, Pictou
February 20, 2000	New Waterford Kin Centre, New Waterford
February 21, 2000	Bay Plex Community Hall, Glace Bay
February 21, 2000	Courthouse, Baddeck
February 22, 2000	Strait-Richmond Hospital, Evanston
February 22, 2000	Bear River Community Hall, Bear River
February 23, 2000	Inverness Academy, Inverness
February 23, 2000	Steel Workers' Hall, Sydney
February 23, 2000	Millbrook Community Hall, Millbrook
February 24, 2000	St. Andrew's Parish Hall, Neil's Harbour
February 24, 2000	Gabriel Centre, Eskasoni

Appendix D: Speaking Engagements

April, 1999 — Barb Hart, QEII Nursing

May 10, 1999 — Barb Hart and John Dow, Belarus Ministry of Health

October 21, 1999 — Barb Hart and John Dow, Nova Scotia Citizens Health Care Network

December 29, 1999 — Barb Hart, ATV

January 6, 2000 — Barb Hart, Global TV

January 14, 2000 — John Dow, Nova Scotia Physiotherapy Meeting

January 19, 2000 — John Dow, Dalhousie University School of Nursing

January 25, 2000 — Barb Hart and John Dow, Cable TV, Kentville, The Church In Action

February 18, 2000 — John Dow, The New Brunswick Premier's Quality Health Council

February, 2000 — Vivian Farrell, GYRO Club, New Glasgow

Appendix E: Information and Communication

Publications

Essential Health Services: A Preliminary Report (Report to the Minister of Health Containing a List of Core Clinical Services Nova Scotians Consider Essential to their Health), March 17, 2000

Report Regarding Children and Adolescent Mental Health Services, March 1999

Submission to the Mental Health Review Committee, February 23, 2000

Proposed Framework for a Mental Health Commission, April 6, 2000

Pamphlets

The Provincial Health Council. Who we are... Why we're here... and how to contact us

Appendix F: Hansard, November 3, 1999, Page 1402

STATEMENTS BY MINISTERS

MR. SPEAKER: The Honourable Minister of Health.

HON. JAMES MUIR: Mr. Speaker, it is my pleasure to rise in this House today to announce that our government has reaffirmed its commitment to achieving Nova Scotia's health goals. Just a few minutes ago, I joined Premier Hamm and Chairman of the Provincial Health Council, Mrs. Barbara Hart, to re-sign these goals.

At this time, Mr. Speaker, I would like to introduce the members of the council who are with us today. They are in the Speaker's Gallery and I would ask them to rise: Barbara Hart, who is the chairman; Tom Bird, who is the vice-chairman; Leona Brown; Bev Coulson; Vivian Farrell; Joan Lay; Merle MacDonald; Dr. Mahmood Naqvi; Sharon Rudderham; Doug Shatford; John Dow; Bill McKee; and Louann Scallion Morine. I would ask the House to extend a warm welcome to them. (Applause)

Mr. Speaker, we are committed to promoting and improving the health of all Nova Scotians, making Nova Scotia a safe and healthy place to live, supporting the efforts of individuals, families and communities to lead healthy lives, ensuring that the resources needed to support health care are managed wisely and fairly, involving Nova Scotians in decisions affecting health, and ensuring that all Nova Scotians have the opportunity to achieve health.

Health is affected by many factors beyond the scope of the traditional health care system. These goals highlight the need to address the wide range of social, legal and economic issues which can affect the health of Nova Scotians. The Provincial Health Council developed Nova Scotia's health goals through broad consultations with the people of Nova Scotia. While these goals were endorsed by the government in 1992, they lapsed when a previous government allowed the Provincial Health Council to become dormant. Reaffirming our commitment to these goals is our government's first step in strengthening and supporting the role of the Provincial Health Council. Thank you, Mr. Speaker.

MR. SPEAKER: The honourable member for Dartmouth-Cole Harbour.

MR. DARRELL DEXTER: Mr. Speaker, I am pleased to rise. I didn't get a copy of the minister's statement in advance so I can't comment on it in that regard, but I would like to say that we are at a time in the history of this province when the health care system is undergoing a great deal of stress and strain as a result of changes that have taken place over the last number of years. So if there was ever a time that we needed to reaffirm those goals, it certainly is now and I am pleased to see that the government has made the point of doing that at this juncture. I look forward to following through on meeting those goals over the next number of years. Thank you. (Applause)

MR. CHAIRMAN: The honourable member for Dartmouth East.

DR. JAMES SMITH: Mr. Speaker... It is important what the minister has said here today in recognizing the Provincial Health Council. I know this government has been very attached to health goals. They are very important to them and they were very disturbed when we didn't give them prominence. However, as this Legislature has gotten together and the Provincial Health Council has been renewed, I am very pleased again to thank all the people that responded to our request to serve as members.

The minister mentions consultation. I think it is extremely important. You have a great vehicle there with people who know Nova Scotia and know the needs of the people of Nova Scotia. But I would point out to the members of this Assembly that all the consultation in the world isn't going to do good if you go and cancel without notice the volunteers of the regional health boards that were chopped without notice, Mr. Speaker. So the people who were donating their time were told they were no longer needed and the bureaucracy is still in place.

We will be looking and holding the government accountable on those initiatives. I think certainly we must have goals; that is commendable and I just want to really wish the Provincial Health Council well and again thank them for their commitment to the people of Nova Scotia. Thank you. (Applause)

Appendix G: Strategic Plan 1

Mission

- The Provincial Health Council listens and responds to Nova Scotians.
- We support the public's participation in health matters by providing them with information and opportunities.
- We guide and monitor government decision making on all aspects of healthy public policy.
- We promote the use of Nova Scotia's health goals as an essential tool to achieve health and well being for Nova Scotians and their communities.

Vision

By the end of 1999, we will have established effective reciprocal communications with Nova Scotians about health and the health system. We will also develop a balanced and informed view of the health system which will enable us to provide timely advice and leadership to government and to Nova Scotians.

Goals

1. To develop reciprocal communications with Nova Scotians in order to assist with the setting of a strategic direction.
   - To create awareness of the council, its role and processes.
   - To seek direction and information from all stakeholders.
   - To develop a strategic plan for communication.
2. To develop a system to regularly evaluate the health system and the work of the council
   - To identify priority issues, or respond to issues by others.
   - To build evaluation into each priority issue.
   - To do overall evaluation quarterly and annually.
3. Establish a process for identifying and dealing with priority issues.
   - Determine priorities by seeking direction/information from all stakeholders.
4. To establish appropriate working relationships.
   - Identify with clarity the need to establish partnerships and the purpose of the partnership.
5. To evaluate the effectiveness of the work of the council.

Appendix G: Strategic Plan 2

Strategic Directions

Supply

In three years...

- the process of funding and resource allocation will be transparent and beyond the influence of the political wing of government
- the Provincial Health Council will advise the cabinet through the Premier on decision making related to all aspects of healthy public policy
- there will be a sustainable supply of skills to appropriately address the human resource needs of the health system

Consumers

In three years...

- Community Health Boards (CHBs), supported by legislation and regulations, will function as originally set out by *Nova Scotia's Blueprint for Health System Reform* with appropriate modifications for existing CHB plans and lessons learned
- departmental silos will be dissolved so that Nova Scotians have greater influence and control over decisions affecting the continuum

Health Education

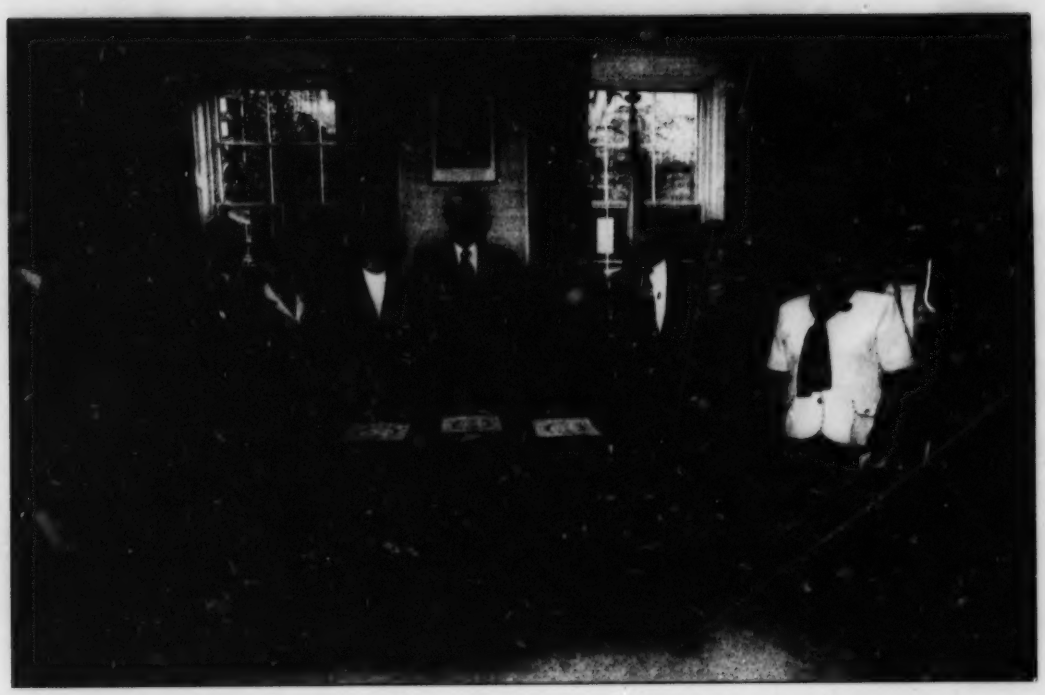
In three years...

- there will be a framework of indicators that measure the health of Nova Scotians according to the health goals; the council will be in a position to report on the health status of Nova Scotians
- government departments will set measurable goals for each of the indicators (relevant to them) and report (an integrated profile) on their progress annually (to the legislature and the council). The PHC will report to the public using the same framework of indicators
- the curricula of medicine, all health professions, dentistry and health services administration will include the Health Goals and the health measurement framework
- there will be interdisciplinary programs that educate multiple professions together regarding the Health Goals, determinants of health, and health status measurement

Seamless Continuum

In three years...

- Nova Scotia will have developed a seamless (from the consumer viewpoint) continuum of services focused on meeting the population health needs
- the public, through CHBs, will play a role in defining the services needed
- an integrated information system will be developed to enable the seamlessness of the delivery system.



Premier John Hamm and Minister Jamie Muir with members of the Provincial Health Council, during the re-signing of the Health Goals, November 3, 1999.